

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

**DOMESTIC LIMITED LIABILITY COMPANY
STATEMENT OF DISSOCIATION**

FILING FEE: \$10

The undersigned hereby files this statement of dissociation pursuant to SDCL 47-34A-605.

1. The name of the limited liability company is: _____
2. The name of the member dissociated from the company is: _____
3. A copy of this statement has been delivered to the limited liability company.

Date: _____

Signature

Name: _____

Title: _____